



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E294826**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-03186
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	12	-	19	-	2013	TIME (2400)	1554	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	
STATE ROUTE 9 NE	BLOCK NO.	<input checked="" type="checkbox"/>	300
	MILE POST	<input type="checkbox"/>	

DISTANCE		MILES	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHONE	D: 4259237592
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LAST NAME	YOUNG	FIRST NAME	BRIAN	MIDDLE INITIAL	P
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STREET NEW ADDRESS	2622 107TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	YOUNGBP525K7	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	05	-	27	-	1948
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AKG6152	STATE	WA	VIN#	5FNRL386X6B040234
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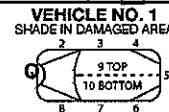
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2006	MAKE	HOND	MODEL	ODYSSE	STYLE	VN	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4266 36 12 11
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHONE	N: 4257539133
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LAST NAME	ELAM	FIRST NAME	LISHA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	4817 147TH PL SE
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CITY	EVERETT	ST	WA	ZIP	982088993
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ELAM*LM261KE	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	05	-	05	-	1974
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ADB5612	STATE	WA	VIN#	JNRDR09Y51W211600
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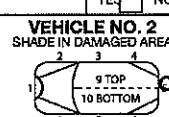
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	INFI	MODEL	QX4	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	PAUL ELAM 6305 154TH ST SE SNOHOMISH WA 98296
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	IDS PROPERTY CASUALTY AJ01832686
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E294826**

CASE # **13-03186**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ELAM MARINA D														
ADDRESS & PHONE # 6305 154TH ST SE SNOHOMISH WA 98296										SEX F	D.O.B. MMDDYYYY 12	16	2004			
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	4	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE	1	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY					
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY					
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

UNIT #2 claims she was moving southbound slowly in traffic at about the 300 block of SR9 NE approaching Market PI when she was struck from behind by UNIT #1. UNIT # had been traveling directly behind UNIT #2.

UNIT #2 claims she pulled to the shoulder of the roadway to check the damage and UNIT #1 passed her and failed to stop and provide any information to UNIT #2.

UNIT #2 stated she or her daughter were not injured but claims there was possibility some damage to the rear bumper of vehicle.

Contact was made with UNIT #1 the following day at his residence and UNIT #1 denied striking any vehicle but did recall "honking" his horn at a vehicle that had stopped for no apparent reason in the roadway.

Both vehicles had what appeared to be some 'very minor' damage (not reportable) that could match the collision. A collision report was taken because UNIT #2 stated she had been struck by UNIT #1 and alleged that UNIT #1 had fled.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-20-13 03:03 PM

DATED

PLACE SIGNED

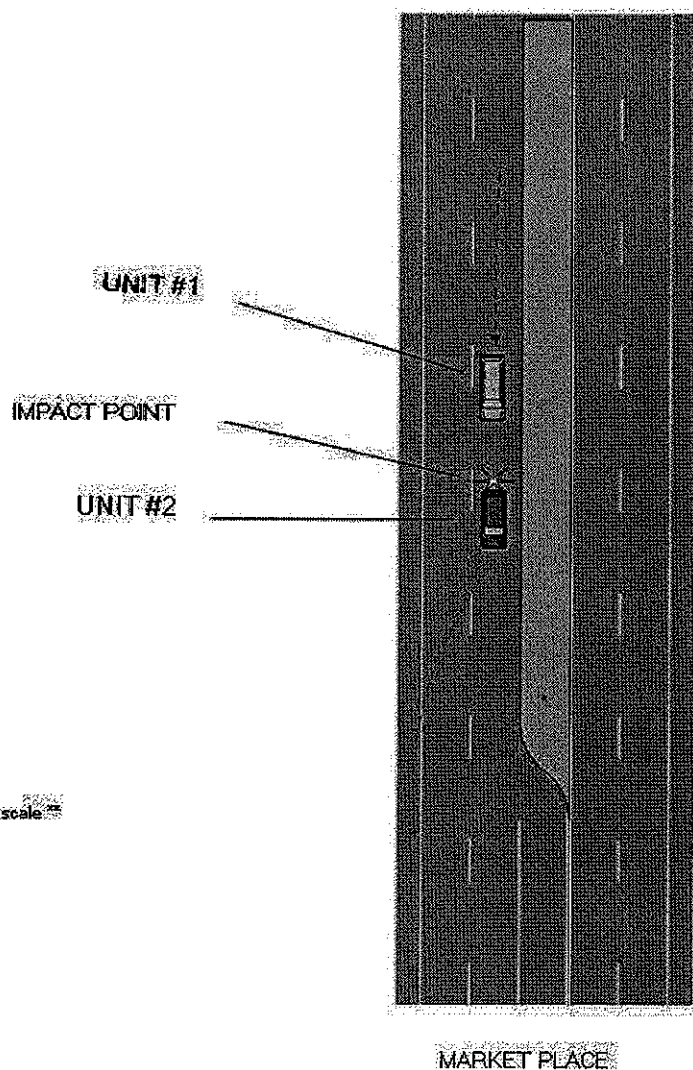
APPROVED BY

ROBERT MINER 095

DATE

12/22/2013 10:47:34 PM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	3:57 PM	TIME POLICE ARRIVED	3:59 PM
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300 BLOCK STATE ROUTE 8 SE

not to scale

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

1303186

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) YOUNG BRIAN P	RACE	ETH	SEX M	DOB 5/27/48	AGE 65	HGT 5'10"	WGT 205	HAIR G	EYES B
STREET ADDRESS 2622 107th DR NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 512 9757		CELL PHONE 425 923 7592		PLACE OF EMPLOYMENT Retire						
WORK PHONE		EMAIL ADDRESS								

I, Brian Young, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

This morning two lake Stevens police officers came to my door and asked if I had been in a car accident yesterday. I said no. I did tell them that I had to go around a car that did not go when the light turned green. I honked the horn once and then pulled around and continued to my destination. There was no contact with the stalled vehicle.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

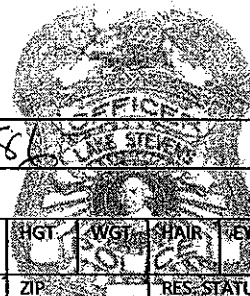
SIGNATURE <u>Brian P. Young</u>	DATE SIGNED 12/20/2013	LOCATION SIGNED
OFFICER/NUMBER: <u>#105</u>	DATE SIGNED 12/20/13	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 13-03186

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) ELAM, LISHA MARIA	RACE	ETH	SEX F	DOB 05/05/1974	AGE 39	HGT	WGT	HAIR	EYES
STREET ADDRESS 6305 154th ST SE		CITY Grohsmish		STATE WA		ZIP 98276		RES. STATUS		
HOME PHONE None		CELL PHONE 425-753-9133		PLACE OF EMPLOYMENT Home maker						
WORK PHONE None		EMAIL ADDRESS maria.lee5@gmail.com								

I, Lisha Elam, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stopping by the traffic light (north to 20th) on Highway 9. As traffic light turning green, the vehicle behind me bumped my rear bumper. It was a gentle bump, but I tried to stop to see what's going on. But that vehicle immediately passed me and flew away.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Lisha Elam</u>	DATE SIGNED 12/19/2013	LOCATION SIGNED Highway 9 / Lake Stevens
OFFICER/NUMBER: <u>#105</u>	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

Incident History for: #SS13027637

Case Numbers: \$\$\$13003186

Entered 12/19/13 15:57:11 BY SPCT03 SP0367
Dispatched 12/19/13 15:57:29 BY SPDP17 SP0224
Enroute 12/19/13 15:57:29
Onscene 12/19/13 16:03:21
Closed 12/19/13 17:02:17

Initial Type: ACCP Initial Alarm Level: Final Alarm Level:

Final Type: ACCP (ACCIDENT, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: S LAKE STEVENS RD/SR 9 SE ,LKS (V)

Loc Info: ON SR 9

Name: ELAM, LISHA

Addr:

Phone: 4257539133

/1557 (SP0367) ENTRY ,CC, NON BLKING, NON INJ, H&R, VEH/GRY VAN L/AGK
66152?, LSH SB SR 9
/1557 (SP0224) DISPER SS1933 #SS102 PLANALP,OFFICER (DANIEL)
/1557 (SP0367) SUPP TXT: RP IN VEH/TAN INFINITY
/1558 (*****) REMINQ SS1933 AKG66152
/1558 (SP0224) REMINQ SS1933 LIC,1933,AKG66152,,,
/1558 ASSTER SS1936 #SS105 IRWIN,OFFICER (DENNIS)
/1558 CLEAR SS1933
/1603 (SS105) *ONSCNE SS1936
/1606 (SP0320) CHANGE LOC: 20 ST SE/SR 9 SE ,LKS --> S LAKE STEVENS R
D/SR 9 SE ,LKS
/1609 (SS105) REMINQ SS1936 MDTVEH,AKG6152,,WA,,,,,,,,,
/1624 (SP0320) ASNCAS SS1936 \$\$\$13003186
/1633 CHGLOC SS1936 [2622 107 DR NE]
/1635 (SS105) REMINQ SS1936 MDTVEH,494ZUV,,WA,,,,,,,,,
/1636 REMINQ SS1936 MDTWANT,WOOD,CLAY,R,121957,,,WA,,,,,,,,,
/1649 REMINQ SS1936 MDTWANT,,,,,WA,YOUNGBP525K7,,,,,,,,,
/1651 *ONSCNE SS1936
/1702 (SP0224) CLEAR SS1936 D/H
/1702 CLOSE SS1936